

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024513

6721

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED JUL 12 1962

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4161 West Pine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			First GERTRUDE			Middle ELVIS			Last COPLIN		
5. SEX female			6. COLOR OR RACE white			7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 7/27/1884		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (City and state or country) McGoupin, Illinois			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Grundy McClure			13b. MOTHER'S MAIDEN NAME Mary Clark			14. NAME OF HUSBAND OR WIFE George Coplin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.			17. INFORMANT Miss Olive Coplin, 2710 So. Grand Ave.			Address		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			IMMEDIATE CAUSE (a) Abdominal Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 4-7-62					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) ? Primary - Rt. Ovary			1750					
			DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY STATE		
21. I attended the deceased from 4-7-62 to 7-6-62 and last saw her alive on 7-6-62			Death occurred at 4:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Thea H. Hansen M.D.			(Degree or title)			22b. ADDRESS 3701 GRANDBLVD.			22c. DATE SIGNED 7/7/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal			23b. DATE July 19, 1962			23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery			23d. LOCATION (City, town, or county) near Carlinville, Illinois		
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.			ADDRESS			25. DATE RECD. BY LOCAL REG. JUL 8 1962			26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

Dr. Theo. H. Hanser  
3701 Grandel Sq.  
9:30 to 1 PM Sat. and Monday

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas H. Dritz*

Licensed Embalmer No.

*3882*

P. O. Address

*St. Louis.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.